Case 09-19653-lbr Doc 5 Entered 06/07/09 21:00:41 Page 1 of 7

6/07/09 8:52PM

B22C (Official Form 22C) (Chapter 13) (01/08)

In re	Melissa M Hartner	According to the calculations required by this statement:
	Debtor(s)	☐ The applicable commitment period is 3 years.
Case N		■ The applicable commitment period is 5 years.
	(If known)	■ Disposable income is determined under § 1325(b)(3).
		☐ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Par	4 I DI	EPORT OF INC	COME			
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ■ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. □ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.							
	All figures must reflect average monthly income recalendar months prior to filing the bankruptcy case the filing. If the amount of monthly income varied six-month total by six, and enter the result on the approximately approxi	ceived , endin during	from all sources ag on the last day g the six months,	, derived during the six		Column A Debtor's Income	Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, con	nmissio	ons.		\$	5,961.83	\$
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.					-,	•
			Debtor	Spouse			
	a. Gross receipts	\$		\$	41		
	b. Ordinary and necessary business expenses	\$	0.00	\$	41.		
	c. Business income	•	act Line b from l		\$	0.00	\$
4	Rents and other real property income. Subtract I the appropriate column(s) of Line 4. Do not enter a part of the operating expenses entered on Line b	a numb	oer less than zero	Do not include any	1		
	a. Gross receipts	\$	0.00	\$			
	b. Ordinary and necessary operating expenses	\$	0.00		4		
	c. Rent and other real property income	Subt	ract Line b from	Line a	\$	0.00	\$
5	Interest, dividends, and royalties.				\$	0.00	\$
6	Pension and retirement income.				\$	0.00	\$
7	Any amounts paid by another person or entity, of expenses of the debtor or the debtor's dependent purpose. Do not include alimony or separate main debtor's spouse.	ts, incl	uding child sup	port paid for that	\$	0.00	\$
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor	r \$	0.00 Spo	ouse \$	\$	0.00	\$

9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.						
	Debtor Spouse	00 \$					
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). 5,961.8						
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		5,961.83				
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD						
12	Enter the amount from Line 11	\$	5,961.83				
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.						
	b. \$ c. \$						
	Total and enter on Line 13	\$	0.00				
14	Subtract Line 13 from Line 12 and enter the result.	\$	5,961.83				
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.	\$	71,541.96				
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: NV b. Enter debtor's household size: 3	\$	65,783.00				
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.						
17	☐ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at top of page 1 of this statement and continue with this statement.						
	■ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitme at the top of page 1 of this statement and continue with this statement.	nt perio	od is 5 years"				
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME						
18	Enter the amount from Line 11.	\$	5,961.83				
19	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. [a.]						
	b.						
	Total and enter on Line 19.	\$	0.00				
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	5,961.83				

3

B22C (Official Form 22C) (Chapter 13) (01/08)

21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.						\$	71,541.96
22	Applicable median family income. Enter the amount from Line 16.							65,783.00
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.							00,7 00.00
23	■ The amount on Line 21 is mor 1325(b)(3)" at the top of page □ The amount on Line 21 is not							
	1325(b)(3)" at the top of page							
	Part IV. CA	LCULATION C)F I	DEDU	CTIONS FR	OM INCOME		
	Subpart A: De	ductions under Stan	ıdar	ds of th	ne Internal Reve	nue Service (IRS)		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						\$	1,152.00
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
	Household members under 65 ye				members 65 years	_		
	a1. Allowance per member		a2.		ance per member	144		
	b1. Number of members		b2.		er of members	0		
	c1. Subtotal		c2.	Subtot		0.00	\$	180.00
25A	Local Standards: housing and ut Utilities Standards; non-mortgage available at www.usdoj.gov/ust/ or	expenses for the applica	able c	ounty a	nd household size.		\$	419.00
25B	a. IRS Housing and Utilities Standards; mortgage/rent Expense \$ 1,253.00 b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 \$ 2,838.00							
	c. Net mortgage/rental expens				Subtract Line b fr	-	\$	0.00
26	Local Standards: housing and ut 25B does not accurately compute t Standards, enter any additional am contention in the space below:	he allowance to which y	you a	re entitl	ed under the IRS H	lousing and Utilities	\$	0.00

Local Standards: transportation, vehicle operation/public transportation expenses of operating a vehicle and regardless of whether you pay the expenses of operating a vehicle and regardless of whether you pay the expenses of operating a vehicle and regardless of whether you pay the operating expenses of operating expenses are included as a contribution to your household expenses in Line 7. □ 0 ■ 1 □ 2 or more. If you checked 0, center on Line 274 the "Public Transportation" amount from IRS Local Standards: Transportation of the applicable number of vehicles in the applicable Metropolitan Statistical Area or Centus Region. (These amounts are available at www.seds) goverable for interesting the operating expenses for a vehicle and also use public transportation of the transportation expenses. (For a vehicle and that you are entitled to an additional deduction for your public transportation expenses, enter on Line 278 the "Public Transportation "amount from the IRS Local Standards: Transportation expenses, enter on Line 278 the "Public Transportation and elevation from the IRS Local Standards: Transportation expenses, enter on Line 278 the "Public Transportation of a vehicle and also use public transportation and your content that you are entitled to an additional deduction for your public transportation expenses, enter on Line 278 the "Public Transportation and elevation for your public transportation ownership/lease expenses of the "Public Transportation ownership/lease expenses" (Volume 10 the Vehicle 10 the Vehicle 11 the 10 the Vehicle 12 the Vehicle 12 the Vehicle 13 the Vehicle 14 the Vehicle 14 the Vehicle 15 the Vehicle 1							
Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable mather of vehicles in the applicable Metropolium Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation; additional public transportation expenses. If you pay the operating expenses for a whelic and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation, compared to the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust) or from the clerk of the bankruptcy court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense, (You may not claim an ownership/lease expense for more than two vehicles.) ■ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/usty or from the clerk of the bankruptcy court), enter in Line b the total of the Average Worthly Payments for any debts secured by Vehicle 1. as stated in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards. Ownership Costs S	27A	expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are					
for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 278 the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/uss/ or from the clerk of the bankruptey court.) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ■ 1		Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$ 211.00			
you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ■ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle I, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ 489.00 Average Monthly Payment for any debts secured by Vehicle \$. b. I, as stated in Line 47 \$ \$ 399.35 c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a. \$ 89.65 Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs S 0.00 Average Monthly Payment for any debts secured by Vehicle S 0.00 Average Monthly Payment for any debts secured by Vehicle S 0.00 Other Necessary Expenses: taxes. Enter the total average monthly uncur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. \$ 0.00 Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly pay of term life insura	27B	for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at www.usdoj.gc					
Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ 0.00 Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 Subtract Line b from Line a 0.00 C. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations in	28	you claim an ownership/lease expense. (You may not claim an owner vehicles.) ■ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li					
Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/usts/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs \$ 0.00 Average Monthly Payment for any debts secured by Vehicle \$ 0.00 b. 2, as stated in Line 47 \$ 0.00 c. Net ownership/lease expenses for Vehicle 2 Subtract Line b from Line a. \$ 0.00 attack, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. \$ 0.00		Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47	\$ 399.35	\$ 89.65			
Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	29	the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Li					
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: mandatory deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on		Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$ 0.00	\$ 0.00			
deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in	come taxes, self employment taxes, social				
life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	31	deductions that are required for your employment, such as mandatory	\$ 0.00				
pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	32	life insurance for yourself. Do not include premiums for insurance	\$ 0.00				
the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on							
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on	33	pay pursuant to the order of a court or administrative agency, such as		\$ 0.00			
		pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49. Other Necessary Expenses: education for employment or for a phy the total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged dep	spousal or child support payments. Do not ysically or mentally challenged child. Enter ion that is a condition of employment and for				

36	Other Necessary Expenses: health care. Enter the average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$ 0.00
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$ 150.00
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$ 3,031.33
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37	
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents	
39	a. Health Insurance \$ 183.17	
	b. Disability Insurance \$ 0.00	
	c. Health Savings Account \$ 0.00	
	Total and enter on Line 39	\$ 183.17
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$	
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.	\$ 0.00
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$ 0.00
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$ 0.00
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$ 0.00
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$ 0.00
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$ 0.00
	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$ 183.17

			Subpart C: Deductions for De	ebt l	Payment		
47	own chec sche case	, list the name of creditor, iden ck whether the payment include eduled as contractually due to e	ns. For each of your debts that is secure tify the property securing the debt, state as taxes or insurance. The Average Mont ach Secured Creditor in the 60 months for ist additional entries on a separate page.	the A	Average Monthly ayment is the to ving the filing of	Payment, and tal of all amounts the bankruptcy	
		Name of Creditor	Property Securing the Debt		Average Monthly Payment	Does payment include taxes or insurance	
			Single Family Home 9290 Cazador St				
	l la.	Wells Fargo	Las Vegas, NV 89123 second to be avoided	\$	1.092.00	□yes ■no	
	b	Wells Fargo Home	Single Family Home 9290 Cazador St Las Vegas, NV 89123 second to be avoided	\$	1,746.00		
		mortgago	2004 Toyota Sequoia (51,000	Ψ	1,7 40.00		
	c.	Wells Fargo Mortgage	miles)	\$		□yes ■no	
				T	otal: Add Lines		\$ 3,237.35
48	mot your payr sum	or vehicle, or other property ne deduction 1/60th of any amou ments listed in Line 47, in order s in default that must be paid in	ss. If any of debts listed in Line 47 are so cessary for your support or the support of the "cure amount") that you must pay to maintain possession of the property. It order to avoid repossession or forecloses additional entries on a separate page.	of you y the The	or dependents, you creditor in addit cure amount wo	ou may include in ion to the uld include any	
		Name of Creditor	Property Securing the Debt		1/60th of t	the Cure Amount	
	a.	Wells Fargo	Single Family Home 9290 Cazador St Las Vegas, NV 89123 second to be avoided		\$	236.60	
		Wells Fargo Home	Single Family Home 9290 Cazador St Las Vegas, NV 89123		Ψ	200.00	
	b	1	second to be avoided		\$	278.70	
						Total: Add Lines	\$ 515.30
49	prio	rity tax, child support and alim	claims. Enter the total amount, divided ony claims, for which you were liable at uch as those set out in Line 33.				\$ 13.33
		lting administrative expense.	ses. Multiply the amount in Line a by the	e amo	ount in Line b, a		
50	a. b.	issued by the Executive Of	Chapter 13 plan payment. district as determined under schedules fice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of	\$		1,994.00 10.00	
	c.		rative expense of Chapter 13 case		otal: Multiply Li		\$ 199.40
51	Tota	al Deductions for Debt Payme	ent. Enter the total of Lines 47 through 5	50.			\$ 3,965.38
	•		Subpart D: Total Deductions	fron	n Income		-,
52	Tota	al of all deductions from inco	me. Enter the total of Lines 38, 46, and :	51.			\$ 7,179.88
	•	Part V. DETERM	IINATION OF DISPOSABLE	INC	COME UNDI	ER § 1325(b)(2	
53	Tota	al current monthly income. E	nter the amount from Line 20.				\$ 5,961.83

7

B22C (Official Form 22C) (Chapter 13) (01/08)

54	Supp paym law, t	\$	0.00			
55	Qual wage loans	\$	0.00			
56	Total	of all deductions allowed under § 707(b)(2). Enter the amount from L	ine	52.	\$	7,179.88
	Dedu there If neo provi					
57		Nature of special circumstances Amount of Expense				
	a.		\$			
	b.		\$			
	c.		\$ Tota	al: Add Lines		
	<u> </u>	<u> </u>			\$	0.00
58	Total result	adjustments to determine disposable income. Add the amounts on Lin.	nes	54, 55, 56, and 57 and enter the	\$	7,179.88
59	Mont	thly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Lin	ne 5.	3 and enter the result.	\$	-1,218.05
		Part VI. ADDITIONAL EXPENS	E (CLAIMS		
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the of you and your family and that you contend should be an additional deduction from your current monthly income up 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average reach item. Total the expenses.					
60		Expense Description		Monthly Amount		
	a.			\$		
	b. c.			\$ \$		
	d.			\$		
		Total: Add Lines a, b, c and d		\$		

Part VII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

Date: **June 7, 2009**

Signature: /s/ Melissa M Hartner

Melissa M Hartner

(Debtor)